		N	Medicare Advar	ntage HMO Co	verage in Erie (County 2012		
TYPE OF MEDICAL SERVICE	Original Medicare		Excellus F	lealth-Univera -659-1986		•	ueCross Blue Shi 1-800-248-9296	eld
		Senior Choice Value	Senior Choice Value Plus	Senior Choice Select	Senior Choice Secure	Senior Blue HMO 601	Senior Blue HMO 651 Part D	Senior Blue HMO 653 Part D
Doctor & Choice of Hospitals								
PREMIUMS	\$115.40	\$0	\$40	\$80	\$114	\$0	\$0	\$95.00
PCP Visits	20%**	\$20	\$20	\$15	\$15	\$10	\$15	\$10
Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$40	\$40	\$35	\$35	\$35	\$35	\$25
Outpatient Mental Health	45%	Therapy:40%	Therapy:40%	Therapy:35%	Therapy:35%	\$40 therapy	\$40 therapy	\$40 therapy
Outpatient Substance Abuse	20%**	Therapy:50%	Therapy:50%	Therapy:35%	Therapy:35%	50% individual/group	50% individual/group	50% individual/group
Outpatient Surgery	20% **	\$150	\$125	\$75	\$75	\$200	\$200	\$125
Emergency Care	20% **	\$65	\$65	\$65	\$65	65-\$0 if admitted	65-\$0 if admitted	65-\$0 if admitted
Urgent Care	20% **	\$40	\$40	\$35	\$35	35-\$0 if admitted	35-\$0 if admitted	25-\$0 if admitted
Ambulance Services	20% **	\$150	\$150	\$125	\$125	\$125	\$125	\$50
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	20%	20%	20%	20%	20%	20%	20%
Prosthetic Devices	20% **	20%	20%	20%	20%	20%	20%	20%
X Rays	20% **	X-rays,diagnostic radiology: 20% \$0 diagnostic procedures/tests	X-rays,diagnostic radiology:10% \$0 diagnostic procedures/tests	X-rays,diagnostic radiology:10%\$0 diagnostic procedures/tests	X-rays,diagnostic radiology:10%\$0 diagnostic procedures/tests	\$35 diagnostic procedures/tests;\$75 diagnostic radiology	\$35 diagnostic procedures/tests;\$75 diagnostic radiology	\$25 diagnostic procedures/tests;\$75 diagnostic radiology
Lab Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Radiation Therapy	20%	20%	10%	10%	10%	\$35	\$35	\$25
Chiropractic Care	20%	\$20	\$20	\$15	\$15	\$20	\$20	\$20
Medically Necessary Foot Care	coverage 20%	Medicare covered:\$40	Medicare covered:\$40	Medicare covered:\$35	Medicare covered:\$35	\$35	\$35	\$25

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		N	/ledicare Advar	ntage HMO Co	verage in Erie (County 2012			
TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE			lealth-Univera -659-1986	_	BlueCross Blue Shield 1-800-248-9296			
		Senior Choice Value	Senior Choice Value plus	Senior Choice Select	Senior Choice Secure	Senior Blue HMO 601	Senior Blue HMO 651 Part D	Senior Blue HMO 653 Part D	
Doctor & Choice of Hospitals									
PREMIUMS	\$115.40	\$0	\$40	\$80	\$114	\$0.00	\$0.00	\$95.00	
Routine Foot Care	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	\$35,3 covered	\$35,3 covered	\$25:(3) routine visits	
P.T.,O.T. and Speech Therapy	20% **	\$40	\$40	\$35	\$35	\$10	\$15	\$10	
	\$1,132 for days 1- 60, \$283 days 61- 90	Days 1-7:\$150 per day;Days 8-90:\$0	\$375(3)	\$200(3)	\$275(3)	\$400 (1)	\$500(1)	\$400(1)	
Inpatient Mental Health*	\$1132 for days 1- 60, \$283 days 61- 90	Days 1-7:\$150 per day;Days 8-90:\$0	\$375(3)	\$200(3)	\$275(3)	\$400(1)	\$500(1)	\$400(1)	
Skilled Nursing Facility	\$0 days 1-20, \$141.50 days 21- 100	Days 1-100:\$50 per day	Days 1-100:\$50 per day	Days 1-100:\$25 per day	Days 1-100:\$25 per day	Days 1-75/\$45per day;76-100/\$0	Days 1-75/\$45per day;76-100/\$0	Days 1-75/\$45per day;76-100/\$0	
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Mammograms	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Bone Mass Measurement	20% **	\$0	\$0	\$0	\$0	\$0	\$0		
Colorectal Screening Exams	\$0 to 20%**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%**hepititis	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Prescription Drugs	0%-20% Part B covered only;NO PART D	Part B: 20%;Part D:\$0 deductible \$6,\$40,\$90,33 %	Part B: 20%;Part D:\$0 deductible \$6,\$40,\$90,33%	0%-20% Part B covered only;NO PART D	Part B: 20%;Part D:\$0 deductible \$6,\$40,\$90,33%	NO PART D;\$50;Part B; \$0- \$75 Chemo drugs	Part D:\$0 deductible;\$0,\$5,\$4 0,50%,30% Part B:\$50 ;Chemo drugs:\$0-\$75	Part D:\$0 deductible;\$0,\$5,\$4 0,50%,30% Part B:\$50 ;Chemo drugs :\$0-\$75	

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TYPE OF	T	<u> </u>	Medicare Advar		verage in Erie (ueCross Blue Shi	-1-1
MEDICAL SERVICE	ORIGINAL MEDICARE			ealth-Univera 659-1986	,	Blu	eld	
		Senior Choice Value	Senior Choice Value plus	Senior Choice Select	Senior Choice Secure	Senior Blue HMO 601	Senior Blue HMO 651 Part D	Senior Blue HMO 653 Part D
Doctor & Choice of Hospitals								
PREMIUMS	\$115.40 for part B	\$0	\$40	\$80	\$114	\$0.00	\$0.00	\$95.00
Vision services	20% + for 1 pair glasses/frames/c ontact lens after cateract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	(1) eyeglasses/con tact lenses Post cateract surgery:\$40; Diagnostic exam,(1) routine exam:\$0-\$40	(1) eyeglasses/contact lenses Post cateract surgery:\$0-\$40; Diagnostic exam,(1) routine exam:\$0-\$40 ;glasses/contacts \$0 copay -\$75 limit	(1) eyeglasses/contact lenses Post cateract surgery:\$0-\$35; Diagnostic exam,(1) routine exam:\$0-\$35 ;glasses/contacts \$0 copay -\$100 limit	(1) eyeglasses/contact lenses Post cateract surgery:\$0-\$35; Diagnostic exam,(1) routine exam:\$0-\$35 ;glasses/contacts \$0 copay -\$75 limit	\$35 Routine vision test;\$0Glaucoma test \$0	\$35 Routine vision test;\$0Glaucoma test \$0	\$25 Routine vision test;\$0Glaucoma test \$0
Hearing Services	20%	Diagnostic exam,(1) routine exam:\$40	Diagnostic exam,(1) routine exam:\$40	Diagnostic exam,(1) routine exam:\$35	Diagnostic exam,(1) routine exam:\$35	\$35 exam	\$35 exam	\$35 exam
Diabetic training and supplies	20%	Training:\$0;Sup plies 20%	Training:\$0;Supplie s 20%	Training:\$0;Supplie s 20%	Training:\$0;Supplie s 20%	\$0 training;20% supplies	\$0 training;20% supplies	\$0 training;20% supplies
Dental Coverage	limited coverage	Medicare covered:\$40	(2) exams,cleanings,x- rays:\$0;Medicare covered :\$40	(2) exams,cleanings,x- rays:\$0;Medicare covered :\$35	(2) exams,cleanings,x- rays:\$0;Medicare covered :\$35	\$35 medicare covered only	\$35 medicare covered only	\$25 medicare covered only
With full LIS	NA	\$0	\$5.10	n/a	\$88.40			\$61.40
*	* after Part E	3 deductible o	f \$162					

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		Medi	care Advanta	ge HMO Cov	erage in Eri	e County	2012			
TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	INDE	PENDENT HEA	ALTH		IVP Health 88-280-620	5	WELLCA	ARE 1-800-2	278-5155
		Independent Health Encompass 65 Basic	Independent Health Encompass 65	Independent Health Encompass 65 (No Part D)	GoldValue	Preferred * NO PART D	Preferred Gold	Wellcare Advance NO PART D	WellCare Choice (HMO- POS)	Wellcare Value (HMO- POS)
Doctor & Choice of Hospitals										
PREMIUMS	\$115.40, \$162 deductible	\$0	\$39.80	\$0	\$0	\$0	\$104.40	\$0.00	\$0.00	\$0.00
PCP Visits	20%**	\$15	\$10	\$10	\$20	\$15	\$15	\$10	\$0	\$10
Wellness exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$30	\$25	\$25	\$40	\$25	\$25	\$35	\$35	\$35
Outpatient Mental Health	45%	Therapy:\$40	Therapy:\$40	Therapy:\$40	Therapy:\$40; day program:\$40 per day	Therapy:\$25; day program:\$25 per day	Therapy:\$25; day program:\$25 per day	\$35:individual therapy,\$25 group;\$150 day program	\$35:individual therapy,\$25 group;\$100 day program	\$35:individual therapy,\$25 group;\$175 day program
Outpatient Substance Abuse	20%**	\$45%	\$45%	\$45%	Therapy:\$40	Therapy:\$25	Therapy:\$25	\$35:individual therapy,\$25 group	\$35:individual therapy,\$25 group	\$35:individual therapy,\$25: group
Outpatient Surgery	20% **	Outpatient hospital:\$30-\$125 Ambulatory surgical center:\$125	Outpatient hospital:\$25-\$100 Ambulatory surgical center:\$100	Outpatient hospital:\$25-\$100 Ambulatory surgical center:\$100	Ambulatory Care Center:\$150;Hospital outpatient :\$250	Ambulatory Care Center:\$75;Hos pital outpatient	Ambulatory Care Center:\$75;Hosp ital outpatient :\$150		\$75	\$125
Emergency Care	20% **	\$65	\$50	\$50	\$65	\$65	\$65	65-\$0 if admitted	65-\$0 if admitted	65-\$0 if admitted
Urgent Care	20% **	\$35	\$30	\$30	\$40	\$25	\$25	\$35	35-\$0 if admitted	35-\$0 if admitted
Ambulance Services	20% **	\$180	\$100	\$100	\$125	\$75	\$75	\$100	\$100	\$100
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	10%-30%	10%-25%	10%-25%	20%	20%	20%	20%	20%	20%
Prosthetic Devices	20% **	0%-30%	0%-25%	0%-25%	20%	20%	20%	20%	20%	20%
X Rays	20% **	Diagnostic procedures:\$15-\$30;X- rays:\$30;Diagonostic radiology:\$75	Diagnostic procedures:\$10-\$25;X- rays:\$25;Diagonostic radiology:\$50	Diagnostic procedures:\$10-\$25;X- rays:\$25;Diagonostic radiology:\$50	Diagnostic procedures:\$0;X- rays:\$40;\$60 diagnostic radiology	Diagnostic procedures:\$0;X rays:\$25;\$40 diagnostic radiology	Diagnostic procedures:\$0;X- rays:\$25;\$40 diagnostic radiology	\$0-\$100 Diagnostic procedures/tests; \$50-\$75 diagnostic radiology	\$0-\$75 Diagnostic procedures/tests; \$50-\$75 diagnostic radiology	\$0-\$125 Diagnostic procedures/tests; \$50-\$125 diagnostic radiology
Lab Services	\$0	\$0	\$0	\$0	\$10	\$10	\$10	\$0-\$100	\$0-\$75	\$0-\$125
Radiation Therapy	20%	\$30	\$25	\$25	\$0	\$0	\$0	\$35	\$35	\$35
Chiropractic Care	limited coverage 20% **	\$20	\$20	\$20	\$20	\$20	\$20	\$0	\$0	\$0
Medically Necessary Foot Care	limited coverage 20%	\$30	\$25	\$25	\$40	\$25	\$25	\$35	\$35	\$35

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		Medi	care Advanta	ge HMO Cov	erage in Eri	e County	2012			
TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	INDE	INDEPENDENT HEALTH			IVP Health 88-280-620	5	WELLCARE 1-800-278-5155		
		Independent Health Encompass 65 Basic	Independent Health Encompass 65	Independent Health Encompass 65 (No Part D)	Gold Value	Preferred * NO PART D	Preferred Gold	Wellcare Advance NO PART D	WellCare Choice (HMO- POS)	Wellcare Value
Doctor & Choice of Hospitals										
PREMIUMS	\$115.40, \$162 deductible	\$0	\$39.80	\$0	\$0	\$0	\$104.40	\$0.00	\$0.00	\$0.00
Routine Foot Care	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	Not covered	Not covered	Not covered
P.T.,O.T. and Speech Therapy	20% **	\$15	\$10	\$10	\$40	\$25	\$25	\$35	\$35	\$35
Inpatient Hospital	20% **	\$600	\$425	\$425	\$300	\$300	\$300	Days 1- 10:\$150;days 11- 90:\$0	Days:1- 5:\$100;days 6- 90:\$0	Days:1-10:\$175 days11-90:\$0
Inpatient Mental Health*	\$1,132 days 1- 60,\$283 days 61-90	\$600	\$425	\$425	\$500 (3)	\$500 (3)	\$300 (3)	Days 1- 9:\$150;days 10- 90:\$0	Days 1- 5:\$100;Days 6- 90\$0	Days 1- 8:\$175;Days 9- 90:\$0
Skilled Nursing Facility	\$1,132 days 1- 60,\$283 days 61-90	\$45/day	\$40/day	\$40	\$500 (3)	\$300 (3)	\$300 (3)	Days 1- 20:\$0,days 21- 100:\$146	Days 1- 20:\$0,days 21- 100:\$146	Days 1- 20:\$0,days 21- 100:\$146
Home Health Care	\$0 days 1-20, \$141 days 21-100	\$0	\$0	\$0	Days 1-20:\$0;days 21-100:\$135	Days 1- 20:\$0;days 21- 100:\$135	Days 1- 20:\$0;days 21- 100:\$135	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bone Mass Measurement	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	20% **	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%**hepititis B	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prescription Drugs	0%-20% Part B covered only;NO PART D	Part B:\$50-20%;Part D:\$0 deductible;Co- pays:\$0,\$4\$45\$75,33 %	Part B:\$50-20%;Part D:\$0 deductible;Co- pays:\$0,\$4\$45\$75,33 %	Part B:\$50; NO PART D	Part B: 0%-20%;Part D:Deductible:\$0 - \$8'\$35,\$90,33%;Sele ct Care drugs: \$0	0%-20% Part B covered only;NO PART D	Part B: 0%- 20%;Part D:Deductible:\$0 - \$8'\$35,\$90,33%; Select Care drugs: \$0	Part B 20% ;No Part D;	Part D:\$0 deductible;\$0,\$3 9,\$79,33%;;Part B:20%	Part D:\$0 deductible;\$0,\$3 9,\$79,33%Part B:20%

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		Medio	care Advanta	ge HMO Cov	erage in Eri	e County	2012					
TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	INDE	PENDENT HEA	ALTH		IVP Health 88-280-620	5	WELLCA	WELLCARE 1-800-278-5155			
Doctor & Choice of Hospitals		Independent Health Encompass 65 Basic	Independent Health Encompass 65	Independent Health Encompass 65 (No Part D)	Gold value	Preferred * NO PART D	Preferred Gold	Wellcare Advance NO PART D	WellCare Choice (HMO- POS)	Wellcare Value		
PREMIUMS	\$115.40, \$162 deductible	\$0	\$39.80	\$0	\$0.00	\$0.00	\$104.40	\$0.00	\$0.00	\$0.00		
Vision services	20% + for 1 pair glasses/frames/contac t lens after cateract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	(1)glasses /contacts post cateract:\$0;Diagnostic exams:\$30 (1)routine exam:\$0;(1)eyeglass/c ontact:\$0 upto \$100 limit	(1)glasses /contacts post cateract:\$0;Diagnostic exams:\$25 (1)routine exam:\$0;(1)eyeglass/c ontact:\$0 upto \$150 limit	(1)glasses /contacts post cateract:\$0;Diagnostic exams:\$25 (1)routine exam:\$0;(1)eyeglass/c ontact:\$0 upto \$150 limit	(1)glasses /contacts post cateract:20%Diagnos tic exams:\$40(1)routine exam:\$40;(1)eyeglas s/contact:\$0 upto \$100 limit	exams:\$25;(1)ro utine	(1)glasses /contacts post cateract:20%Dia gnostic exams:\$25;(1)ro utine exam:\$25;(1)eye glass/contact:\$0 upto \$100 limit	\$0-\$35 diagnostic exam; \$0:(1) eyeglass/ contact lenses post cateract surgery;(1) routine exam;(1) eyeglasses/conta cts/lenses.\$100 limit frames	\$0-\$35 diagnostic exam; \$0:(1) eyeglass/ contact lenses post cateract surgery;(1) routine exam;(1) eyeglasses/conta cts/lenses.\$100 limit frames	\$0-\$35 diagnostic exam; \$0:(1) eyeglass/ contact lenses post cateract surgery;(1) routine exam;(1) eyeglasses/conta cts/lenses.\$100 limit frames		
Hearing Services	20%	Diagnostic/supplement alexams:\$15-\$30	Diagnostic/supplement alexams:\$10-\$25	Diagnostic/supplement alexams:\$10-\$25	Diagnostic exams/(1) routine exam:\$40	Diagnostic exams/(1) routine exam:\$25	Diagnostic exams/(1) routine exam:\$25	every (3) years,\$0 copay \$350 limit	every (3) years,\$0 copay \$350 limit	\$35 diagnostic exam;\$0: (1) routine exam,(1) hearing aid fitting every (3) years,\$0 copay \$350 limit coverage for aids every (3) years		
Diabetic training and supplies	20%	Training:\$0; Supplies\$8	Training:\$0; Supplies\$8	Training:\$0; Supplies\$8	Training:\$0; Supplies:20%	Training:\$0; Supplies:20%	Training:\$0; Supplies:20%	\$0 training;0% for supplies	\$0 training;0% for supplies	\$0 training;0% for supplies		
Dental Coverage	limited coverage	Medicare covered services:\$30-\$125	Oral exams(2);Cleanings(2) ; dental x-rays: \$0;.Medicare covered :\$25-\$100	Oral exams(2);Cleanings(2) ; dental x-rays: \$0;.Medicare covered :\$25-\$100	Medicare covered:\$40	Medicare covered:\$25	Oral exams(2);Cleani ngs(2);dental x- rays:\$0;\$300 limit.Medicare covered :\$25	\$0 Medicare covered;\$0 (2) cleanings;(1) floride treatment/dental x-ray; \$1,000 limit	\$0 Medicare covered;\$0 (2) cleanings;(1) floride treatment/dental x-ray; \$500 limit	\$0 Medicare covered;no preventative		
With full LIS	NA	\$0	\$0	NA	\$0	NA			\$0	\$0		

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		Medicare	Advantage I	HMO in Erie	County 20	12	
TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	IN	DEPENDENT HEA 1-800-958-4405	LTH		MVP Health 1-888-280-6205	
		Independent Health Encompass 65 Basic	Independent Health Encompass 65	Independent Health Encompass 65 (No Part D)	GoldValue	Preferred * NO PART D	Preferred Gold
Doctor & Choice of Hospitals							
PREMIUMS	\$115.40, \$162 deductible	\$0	\$39.80	\$0	\$0	\$0	\$104.40
PCP Visits	20%**	\$15	\$10	\$10	\$20	\$15	\$15
Wellness exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$30	\$25	\$25	\$40	\$25	\$25
Outpatient Mental Health	45%	Therapy:\$40	Therapy:\$40	Therapy:\$40	Therapy:\$40; day program:\$40 per day	Therapy:\$25; day program:\$25 per day	Therapy:\$25; day program:\$25 per day
Outpatient Substance Abuse	20%**	\$45%	\$45%	\$45%	Therapy:\$40	Therapy:\$25	Therapy:\$25
Outpatient Surgery	20% **	Outpatient hospital:\$30-\$125 Ambulatory surgical center:\$125	Outpatient hospital:\$25- \$100 Ambulatory surgical center:\$100	Outpatient hospital:\$25- \$100 Ambulatory surgical center:\$100	Ambulatory Care Center:\$150;Hospital outpatient :\$250	Ambulatory Care Center:\$75;Hospital outpatient :\$150	Ambulatory Care Center:\$75;Hospital outpatient :\$150
Emergency Care	20% **	\$65	\$50	\$50	\$65	\$65	\$65
Urgent Care	20% **	\$35	\$30	\$30	\$40	\$25	
Ambulance Services	20% **	\$180	\$100	\$100	\$125	\$75	\$75
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	10%-30%	10%-25%	10%-25%	20%	20%	20%
Prosthetic Devices	20% **	0%-30%	0%-25%	0%-25%	20%	20%	20%
X Rays	20% **	Diagnostic procedures:\$15-\$30;X rays:\$30;Diagonostic radiology:\$75	Diagnostic procedures:\$10-\$25;X- rays:\$25;Diagonostic radiology:\$50	Diagnostic procedures:\$10-\$25;X- rays:\$25;Diagonostic radiology:\$50	Diagnostic procedures:\$0;X- rays:\$40;\$60 diagnostic radiology	Diagnostic procedures:\$0;X- rays:\$25;\$40 diagnostic radiology	Diagnostic procedures:\$0;X- rays:\$25;\$40 diagnostic radiology
Lab Services	\$0		\$0	\$0	\$10	\$10	\$10
Radiation Therapy	20%		\$30	\$30	\$0	\$0	\$0
Chiropractic Care	limited coverage 20% **		\$20	\$20	\$20	\$20	
Medically Necessary Foot Care	limited coverage 20% **		\$25	\$25	\$40	\$25	\$25

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Medicare Advantage HMO in Erie County 2012 ORIGINAL INDEPENDENT HEALTH MVP Health TYPE OF MEDICAL SERVICE **MEDICARE** 1-888-280-6205 1-800-958-4405 Doctor & Choice of Hospitals Independent Health Independent Health Independent Health Encompass 65 (No Part Gold Value Preferred * NO PART D Preferred Gold Encompass 65 Basic Encompass 65 D) **PREMIUMS** \$115.40, \$162 deductible \$0 \$39.80 \$0 \$0 \$0 \$104.40 Routine Foot Care NOT COVERED **NOT COVERED** NOT COVERED NOT COVERED NOT COVERED NOT COVERED NOT COVERED P.T.,O.T. and Speech 20% ** \$15 \$10 \$10 \$40 \$25 Therapy \$1,132 days 1-60,\$283 Inpatient Hospital \$425 \$300 (3) \$600 \$425 \$500 (3) \$500 (3) days 61-90 Inpatient Mental \$1,132 days 1-60,\$283 \$600 \$425 \$425 \$500 (3) \$300 (3) \$300 (3) Health* days 61-90 \$0 days 1-20, \$141 days Days 1-20:\$0;days 21 Days 1-20:\$0;days 21-Days 1-20:\$0;days 21-Skilled Nursing Facility Days:1-100:\$45 Days 1-100:\$40 Days 1-100:\$40 21-100 100:\$135 100:\$135 100:\$135

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Independent Health Independent Independent Independent Independent Independent Independent Independent Independent Independent Indepen			Medicare	Advantage I	HMO in Erie	County 20	12			
Table Tabl	TYPE OF MEDICAL	ORIGINAL MEDICARE	IN	DEPENDENT HEA	LTH	_				
Doctor & Choice of Hospitals PREMIUMS PREMIUMS \$115.40, \$162 deductible \$0 \$39.80 \$0 \$0 \$0.00 \$0.00 \$0.00 \$0.00 \$104.40 Home Health Care \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	SERVICE	OTHORNAL MEDIOATE		1-800-958-4405			1-888-280-6205	<u> </u>		
PREMIUMS \$115.40, \$162 deductible \$0 \$39.80 \$0 \$0.00 \$0.00 \$104.40					Encompass 65 (No Part	Gold value	Preferred * NO PART D	Preferred Gold		
Mammograms 20% \$0 \$0 \$0 \$0 \$0 \$0 \$0										
Mammograms 20% \$0 \$0 \$0 \$0 \$0 \$0 \$0	PREMIUMS	\$115.40, \$162 deductible	\$0	\$39.80	\$0	\$0.00	\$0.00	\$104.40		
Bone Mass Measurement Solution Solut	Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Measurement 20% \$0 \$0 \$0 \$0 \$0 \$0 \$0	Mammograms	20%	\$0	\$0	\$0	\$0	\$0	\$0		
Prescription Drugs O%-20% Part B covered only;NO PART D O%-20% Part B covered only;NO PART D D;90 deductible;Co-pays:\$0,\$4\$45\$75,33% Part B:\$50-20%;Part D;90 deductible;Co-pays:\$0,\$4\$45\$75,33% Part B:\$50; NO PART D D;90 deductible;So-\$8*35,\$90,33%;Select Care drugs:\$0 1(1)glasses /contacts post cateract:\$0;Diagnostic exams;\$25 (1)routine exams;\$25 (1)		20% **	\$0	\$0	\$0	\$0	\$0	\$0		
Prescription Drugs 0%-20% Part B covered only;NO PART D 0%-20% Part B covered only;NO PART D pays:\$0,\$4\$45\$75,33% 0%-20% Part B covered only;NO PART D post deductible;Co-pays:\$0,\$4\$45\$75,33% Part B:\$50:20%;Part D:\$0 deductible;Co-pays:\$0,\$4\$45\$75,33% Part B:\$50:20%;Part D:\$0 deductible;Co-pays:\$0,\$4\$45\$75,33% Part B:\$50:20%;Part D:\$0 deductible;Co-pays:\$0,\$4\$45\$75,33% Part B:\$50:NO PART D D:Deductible;S0-\$8*35,\$90,33%;Select C Care drugs:\$0 0%-20% Part B covered only;NO PART D 0%-20% Part B covered only;NO PA	Colorectal Screening Exams	\$0 to 20%**	\$0	\$0	\$0	\$0	\$0	\$0		
Vision services Vision ser	Prescription Drugs		D:\$0 deductible;Co- pays:\$0,\$4\$45\$75,33	deductible;Co-	Part 6.550, NO PART	D:Deductible:\$0 - \$8'\$35,\$90,33%;Sele		D:Deductible:\$0 - \$8'\$35,\$90,33%;Select		
Hearing Services 20% talexams:\$15-\$30 xams:\$10-\$25 lexams:\$10-\$25 routine exam:\$40 routine exam:\$25 routine exam:\$25 Diabetic training and supplies 20% Training:\$0;Supplies\$ Training:\$0;Supplies\$ Training:\$0;Supplies\$ Training:\$0;Supplies\$ Training:\$0;Supplies\$ Training:\$0;Supplies: 20% Training:\$0;Supplies:20% Trainin	Vision services	glasses/frames/contact lens after cateract surgery 20% + coverage for retinopathy exam 1	post cateract:\$0;Diagnostic exams:\$30 (1)routine exam:\$0;(1)eyeglass/ contact:\$0 upto \$100	cateract:\$0;Diagnostic exams:\$25 (1)routine exam:\$0;(1)eyeglass/cont	post cateract:\$0;Diagnostic exams:\$25 (1)routine exam:\$0;(1)eyeglass/co	post cateract:20%Diagnos tic exams:\$40(1)routine exam:\$40;(1)eyeglas s/contact:\$0 upto	cateract:20%Diagnostic exams:\$25;(1)routine exam:\$25;(1)eyeglass/conta	cateract:20%Diagnostic exams:\$25;(1)routine exam:\$25;(1)eyeglass/conta		
supplies 20% Raming:\$0;Supplies\$8 Training:\$0;Supplies\$8 20% Training:\$0;Supplies:20% Training:\$	Hearing Services	20%				. ,	• , ,			
Dental Coverage limited coverage Medicare covered services:\$30-\$125 Medicare covered services:\$30-\$125 Medicare covered services:\$30-\$125 exams(2);Cleanings(2); dental x-rays: dental x-rays: \$0;.Medicare covered :\$25-\$100 Medicare covered covered :\$25 Medicare covered :\$25 Medica	Diabetic training and supplies	20%		Training:\$0;Supplies\$8	Training:\$0;Supplies\$8		Training:\$0;Supplies:20%	Training:\$0;Supplies:20%		
With full LIS NA \$0 \$0 NA \$0 NA	Dental Coverage	limited coverage		exams(2);Cleanings(2); dental x-rays: \$0;.Medicare covered	exams(2);Cleanings(2); dental x-rays: \$0;.Medicare covered		Medicare covered:\$25	exams(2);Cleanings(2);dent al x-rays:\$0;\$300		
······································	With full LIS	NA	\$0	\$0	NA	\$0	NA			

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			Medicare Adva	ntage HMO in Erie	County 2012		
TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Е	BlueCross Blue St 1-800-248-9296		WE	LLCARE 1-800-278-51	55
		Senior Blue HMO 601	Senior Blue HMO 651 Part D	Senior Blue HMO 653 Part D	Wellcare Advance NO PART D	WellCare Choice (HMO- POS)	Wellcare Value (HMO- POS)
Doctor & Choice of Hospitals							
PREMIUMS	\$115.40	\$0.00	\$0.00	\$95.00	\$0.00	\$0.00	\$0.00
PCP Visits	20%**	\$10	\$15	\$10	\$10	\$0	\$10
Wellness Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$35	\$35	\$25	\$35	\$35	\$35
Outpatient Mental Health	45%	\$40 therapy	\$40 therapy	\$40 therapy	\$35:individual therapy,\$25 group;\$150 day program	\$35:individual therapy,\$25 group;\$100 day program	\$35:individual therapy,\$25 group;\$175 day program
Outpatient Substance Abuse	20%**	50% individual/group	50% individual/group	50% individual/group	\$35:individual therapy,\$25 group	\$35:individual therapy,\$25 group	\$35:individual therapy,\$25: group
Outpatient Surgery	20% **	\$200	\$200	\$125	\$100	\$75	\$125
Emergency Care	20% **	65-\$0 if admitted	65-\$0 if admitted	65-\$0 if admitted	65-\$0 if admitted	65-\$0 if admitted	65-\$0 if admitted
Urgent Care	20% **	35-\$0 if admitted	35-\$0 if admitted	25-\$0 if admitted		35-\$0 if admitted	35-\$0 if admitted
Ambulance Services	20% **	\$125	\$125	\$50	\$100	\$100	\$100
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	20%	20%	20%	20%	20%	20%
Prosthetic Devices	20% **	20%	20%	20%	20%	20%	20%
X Rays	20% **	\$35 diagnostic procedures/tests; \$75 diagnostic radiology	\$35 diagnostic procedures/tests; \$75 diagnostic radiology	\$25 diagnostic procedures/tests;\$75 diagnostic radiology	\$0-\$100 Diagnostic procedures/tests;\$50-\$75 diagnostic radiology	\$0-\$75 Diagnostic procedures/tests;\$50- \$75 diagnostic radiology	\$0-\$125 Diagnostic procedures/tests;\$50- \$125 diagnostic radiology
Lab Services	\$0	\$0	\$0	\$0	\$0-\$100	\$0-\$75	\$0-\$125
Radiation Therapy	20%	\$35	\$35	\$25	\$35	\$35	\$35
Chiropractic Care	limited coverage 20% **	\$20	\$20	\$20	\$0	\$0	\$0

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		Medi	care Advant	age HMO in Er	ie County 2012		
TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	ВІ	ueCross Blue S 1-800-248-929		w	ELLCARE 1-800-278-5155	5
		Senior Blue HMO 601	Senior Blue HMO 651 Part D	Senior Blue HMO 653 Part D	Wellcare Advance NO PART D	WellCare Choice (HMO- POS)	Wellcare Value
Doctor & Choice of Hospitals							
PREMIUMS	\$115.40	\$0.00	\$0.00	\$95.00	\$0.00	\$0.00	\$0.00
Medically Necessary Foot Care	limited coverage 20% **	\$35	\$35	\$25	\$35	\$35	\$35
Routine Foot Care	NOT COVERED	\$25:(3) routine visits	\$25:(3) routine visits	\$25:(3) routine visits	Not covered	Not covered	Not covered
P.T.,O.T. and Speech Therapy	20% **	\$10	\$15	\$10	\$35	\$35	\$35
Inpatient Hospital	\$1,132 days 1-60, \$283 days 61-90	\$400 (1)	\$500(1)	\$400(1)	Days 1-10:\$150;days 11- 90:\$0	Days:1-5:\$100;days 6- 90:\$0	Days:1-10:\$175 days11- 90:\$0
Inpatient Mental Health*	\$1,132 days 1-60, \$283 days 61-90	\$400(1)	\$500(1)	\$400(1)	Days 1-9:\$150;days 10- 90:\$0	Days 1-5:\$100;Days 6- 90\$0	Days 1-8:\$175;Days 9- 90:\$0
Skilled Nursing Facility	\$0 days 1-20, \$141.50 days 21- 100	Days 1-75/\$45per day;76-100/\$0	Days 1-75/\$45per day;76-100/\$0	Days 1-75/\$45per day;76-100/\$0	Days 1-20:\$0,days 21- 100:\$146	Days 1-20:\$0,days 21- 100:\$146	Days 1-20:\$0,days 21- 100:\$146
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mammograms	20%	\$0	\$0	\$0	\$0	\$0	\$0
Bone Mass Measurement	20% **	\$0	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0 to 20%**	\$0	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%**hepititis B	\$0	\$0	\$0	\$0	\$0	\$0
Prescription Drugs	0%-20% Part B covered only;NO PART D	NO PART D;\$50;Part B; \$0- \$75 Chemo drugs	Part D:\$0 deductible;\$0,\$5,\$ 40,50%,30% Part B:\$50 ;Chemo drugs:\$0-\$75	Part D:\$0 deductible;\$0,\$5,\$40,5 0%,30% Part B:\$50 ;Chemo drugs :\$0-\$75	Part B 20% ;No Part D;	Part D:\$0 deductible;\$0,\$39,\$79,33 %;;Part B:20%	Part D:\$0 deductible;\$0,\$39,\$79,33 %Part B:20%
Vision services	20% + for 1 pair glasses/frames/cont act lens after cateract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	\$35 Routine vision test;\$0Glaucoma	\$35 Routine vision test;\$0Glaucoma test \$0	\$25 Routine vision test;\$0Glaucoma test \$0	\$0-\$35 diagnostic exam; \$0:(1) eyeglass/ contact lenses post cateract surgery;(1) routine exam;(1) eyeglasses/contacts/lenses. \$100 limit frames	\$0-\$35 diagnostic exam; \$0:(1) eyeglass/ contact lenses post cateract surgery;(1) routine exam;(1) eyeglasses/contacts/lens es.\$100 limit frames	

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		Medi	care Advant	age HMO in Er	rie County 2012			
TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	ВІ	ueCross Blue S 1-800-248-929		WELLCARE 1-800-278-5155			
		Senior Blue HMO 601	Senior Blue HMO 651 Part D	Senior Blue HMO 653 Part D	Wellcare Advance NO PART D	WellCare Choice (HMO- POS)	Wellcare Value	
Doctor & Choice of Hospitals								
PREMIUMS	\$115.40	\$0.00	\$0.00	\$95.00	\$0.00	\$0.00	\$0.00	
Hearing Services	20%	\$35 exam	\$35 exam	\$35 exam	\$35 diagnostic exam;\$0: (1) routine exam,(1) hearing aid fitting every (3) years,\$0 copay \$350 limit coverage for aids every (3) years	\$35 diagnostic exam;\$0: (1) routine exam,(1) hearing aid fitting every (3) years,\$0 copay \$350 limit coverage for aids every (3) years	\$35 diagnostic exam;\$0: (1) routine exam,(1) hearing aid fitting every (3) years,\$0 copay \$350 limit coverage for aids every (3) years	
Diabetic training and supplies	20%	\$0 training;20% supplies	\$0 training;20% supplies	\$0 training;20% supplies	\$0 training;0% for supplies	\$0 training;0% for supplies	\$0 training;0% for supplies	
Dental Coverage	limited coverage	\$35 medicare covered only	\$35 medicare covered only	\$25 medicare covered only	\$0 Medicare covered;\$0 (2) cleanings;(1) floride treatment/dental x-ray; \$1,000 limit	\$0 Medicare covered;\$0 (2) cleanings;(1) floride treatment/dental x-ray; \$500 limit	\$0 Medicare covered;no preventative	
With full LIS	NA					\$0	\$0	
** after Part B deductible	of \$162 is met							

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